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PTO/SB/06 (08-03)

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U.S. Palent and Trademark Office; U.S. DEPARTMENT OF COLUMERCE to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTD-875									Application or Doctor Number 1.0-055996		
CLAIMS AS FILED - PART I (Coturn 1) (Coturn 2)							SMALL ENTITY		OR	OTHER THAN OR SMALL ENTITY	
FOR NUMBER FILED				NUMBER EXTRA			RATE	FEE		RATE	FEE
BASIC FEE				<u></u>				s	OR		<u>s</u>
37 CFR 1.16(a)) TOTAL CLAIMS				Ι.		Ι,			OR	x s=	1
	1.16(c))		nimus 20 =	 		1			OR	x \$ =	
(37 CFR 1.16(b)) minus 3			ninus 3 =	<u> </u>		ľ	···		1		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						Ŀ	+ s=		OR	+ 5=	
II the	difference in co	tumn 1 is less than	zero, enter	*O" in column 2	•		TOTAL	L	OR	TOTAL	
	CL	AIMS AS AMEI	NDED -	PART II	(Column 3)		SMALL	ENTITY	OR		R THAN ENTITY
- 1	111	(Column 1) CLAIMS		HIGHEST.	PRESENT	Γ	RATE	ADDI-	7	RATE	ADDI-
¥ /	29/05	REMAINING AFTER AMENDMENT] •	NUMBER PREVIOUSLY PAID FOR	EXTRA			TIONAL FEE			TIONAL FEE
빻	Total groff (.16(d)	· //)	Minus	21	= ()		x \$=	<u> </u>	OR	x s=	
岁	independent (37 CFR 1.16(bl)	-64	Menus	" 4 /	- X	Ī	x \$=		OR	x 3=	
~ -		ATION OF MULTIPLE		T CLAN (2) CF	R 1,16(d)		+8=		OR	+5=	
	FIRST PRESENT	ATION OF MUCTURE					TOTAL	•	OR	TOTAL ADD'L FEE	
f. i		•					ADO'L FEE	L	~ <u>`</u> `	700 61 66	L
$I \setminus$		(Cotumn 1)		(Cotumn 2)	(Cotumn 3)	1		т	7		Τ .
8		CLAIMS REMAINING		HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA	۱۱	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL FEE
EN L	,	AFTER AMENDMENT		PARTFOR	-	N		FEE	4) FEE
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EN C	Independent (37 CFR 1.16(b))		Minus	-4	· /	1	x \$=	 /_	OR	x \$=	1/
N N	CIDST DOESEN	TATION OF MULTIPU	E OEPENDE	SULCIVITY (ILC	FR 1.16(91)		+5	<i>X</i>	OR.	+5=	<i>X</i>
1	7700111000					•	ADD'L FEE		OR	ADOL FEE	´. L
		•			(Calumn 3)		('	
<u> </u>		(Column 1)		(Catumn 2) HIGHEST	T -	7		ADD		RATE	ADDI-
0		REMAINING AFTER		NUMBER PREVIOUSLY	PRESENT EXTRA		RATE	TIONA			TIONA FEE
ENT		AMENDMENT	1600	PAID FOR	-	-	 		」、	x s _ :	
M	Total profes used	<u> </u>	Minus			4	× \$		┤ᅉ	<u>^</u>	
	Independent (37 CFR 1.1604)		Minus		<u></u>	4	× 8	-	° [™]		1
Į₹	RRST PRESENTATION OF MALTIPLE DEPENDENT CLASS (ST CFR 1.16(4))						حسر شها	-	OR	+ S	-
							ADD'L FE	ــــا ت			E [
1.	• if the entry is	ceiumn 1 is less d	tion the ent	ry in column 2.	er Wennig	- 1 S					
Ì.		n ceiumn 1 is less 0 st Number Previous st Number Previous l Number Previous	6V P180 FU	6 M4 11000 00 1 1 1				d in the sec	opriate box	in column 1. public which is	

The "Highest Number Previously Paid For (1 data or independent) is the highest number about the highest humber before the public which is to file (and by the This collection of information is required to obtain or retain a benefit by the public which is to file (and by the This collection of information is required to boths or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiath is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. USPTO process) an application. Confidentiath is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete his formation of the use of the USPTO. Time will vary depending upon the individual case. Any comments including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments including gathering, and submitting the completed application form to USPTO. Time will vary depending upon the individual case. Any comments including gathering, and submitting the completed application form to USPTO. Time will vary depending upon the individual case. Any comments including gathering, and submitting the complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS and Trademark Office. U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.